

Export Readiness Questionnaire

Please fill out the questionnaire as completely as possible. Email or fax back to the International Business Division at export@commerce.idaho.gov or 208-334-2783.

Today's Date: _____

I. General Company Information

Company name: _____

Address: _____

Telephone: _____ Fax: _____

Primary contact: _____ Secondary contact: _____

Year established: ____ # of employees: ____ # possible to be dedicated to international effort: _____

Annual revenues: _____ % attributable to export sales (if applicable): _____

If known, please provide the following for your products/services:

NAICS code:

Harmonized code(s):

II. Product/Service Detail

1. Please describe your main product(s)/product lines or services. Include key features and benefits. (*Attach company literature and use additional sheets if necessary.*)

2. Do your products require technical support or after-sales service?
Yes ____ No ____ If yes, please explain

3. Do you have patent, trademark, or copyright protection on your products?
In the US: No ____ Yes ____ (please specify)

Do you have patent protection overseas?: No ____ Yes ____ (please specify)

4. Do you have any quality certifications? (i.e. ISO 9000) Yes ____ No ____

III. Current Distribution Channels

1. Who are the end-users/clients of your products? *Please be as specific as possible, and include for all product applications.*

2. Are your sales typically: Repeat ____ One-time ____

3. What is the average sales cycle length? (Please specify domestic or international)

4. Please describe your current distribution in the United States:

Internationally (if applicable) Please specify geographic region:

5. What would you consider your "ideal" representation internationally?

____ Reseller ____ Manufacturers Representative ____ Distributor
____ Agent ____ Importer ____ Direct Sales
____ Other (specify)

6. What technical expertise would be required from an overseas representative (if applicable)?

7. Who are your main competitors?

Competitor Name	Competitor Headquarters in US? Y/N	Competitor internationally? Y/N	Product lines
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IV. International Related Goals, Activities, and Experience

1. Please answer each of the following with regard to your international efforts:

a. Currently selling internationally? Yes ____ No ____

b. If yes, to which countries?:

\$ Amount:

- c. Do you have established distribution? Yes ____ No ____
- d. If yes, in which countries?
2. Are there any factors that indicate to you that your products might have export potential? (i.e. inquiries, sales, articles, etc.)
3. Which countries/markets might be potential targets for export? Why? (If unknown, leave blank)
4. Have you attended any trade shows domestically or abroad? Yes _____ No _____ If yes, which?
5. What are your greatest concerns about exporting?

By working with the Idaho Department of Commerce, I understand that I will be obligated to supply export sales figures on an annual basis resulting from this assistance and agree to complete a follow-up survey. All data provided will be confidential and only reported in the aggregate.

Name and Title

Company Name

Date

Please submit this questionnaire to the International Business Division by fax at 208-334-2783 or by email to export@commerce.idaho.gov.